



Movement Educators  
Systems therapy approach  
to movement education

*Feldenkrais*  
*Method*<sup>®</sup>

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## Santa Fe 6 *Feldenkrais*<sup>®</sup> Training Program Application Form

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip, Country \_\_\_\_\_

Home Phone: \_\_\_\_\_ Bus Phone \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Gender: M F

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

(3) What experience have you had with the *Feldenkrais Method*<sup>®</sup>? (Include teachers, hours, years, etc. for *Awareness Through Movement*<sup>®</sup> & *Functional Integration*<sup>®</sup>)

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(2) What is your educational background?

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(3) What other meaningful learning/living experiences have you had? \_\_\_\_\_

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(4) Please describe your current profession/occupation and any other relevant work experiences.

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(5) What are your hobbies, interests and/or passions? \_\_\_\_\_

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(6) Please tell us about a teacher, book, work of art or piece of music that has touched or moved you.

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(7) Please tell us something about the relationships that are important to you (partners, family, children and community).

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(8) What is the current status of your health? Please tell us any medical information that would influence your ability to participate in the training.

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(9) Names and telephone numbers of 2 people who will write to us directly a recommendation letter (if possible one or more to be a *Feldenkrais teacher/practitioner*<sup>®</sup>):

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(10) How do you plan to pay for the training?

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(11) On a separate sheet of paper, please tell us in a few paragraphs, something about the following:

- What brings you to this training?
- In which areas in your life do you feel successful?
- In which areas in your life do you need strengthening or development?
- What you personally hope to find in a training program?
- How do you intend to use the learning professionally?

Please email us a portrait photo as a tif or jpg file or attach one to this application.

Applicants may be asked for a telephone interview. Return this application and written attachments with a \$50 non-refundable application fee to: **Movement Educators, 207 Rosario Blvd, Santa Fe, NM 87501** and please scan and email a copy of the application to [razumnys@mac.com](mailto:razumnys@mac.com)

If you have any questions, please call us 505/577-4652. If necessary, please leave us a message with a good time and date to return your call. Also email us at [razumnys@mac.com](mailto:razumnys@mac.com) as we may not receive your phone message.

Applications are considered in the order they are received. You will be notified of your status within ONE MONTH of review of your application. If your application is accepted you will be emailed an Enrollment Agreement. Your place will be reserved in the training upon receipt of the Student Enrollment Contract and the \$500 deposit. The deposit will be applied towards the first segment tuition.

Please accept my application into the Santa Fe 6 *Feldenkrais* Training Program. I have read the accompanying material.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

There will be no discrimination on the basis of race, religion, creed, age, gender, sexual preference, profession or educational background.